

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
 (Includes Reference to PCT International Applications)

 ATTORNEY'S DOCKET NUMBER
ELLIS-0001

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SELECTIVE TARGETING OF TUMOR VASCULATURE USING ANTIBODY MOLECULES

the specification of which (check only one item below):

- ☐ is attached hereto.
☐ was filed as United States application
 Serial No. _____
 on _____
 and was amended
 on _____ (if applicable).
☒ was filed as PCT international application
 Number PCT/IB03/01458
 on 11 March 2003,
 and was amended under PCT Article 19
 on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN APPLICATION NUMBER(S)	COUNTRY	FOREIGN FILING DATE (MM/DD/YYYY)	PRIORITY NOT CLAIMED
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorneys and agents at Millen, White, Zelano & Branigan, PC that are associated with Customer Number 23599 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

 Send Correspondence to: Customer No. 23599

 Telephone No.
 703/243-6333

 Direct Telephone Calls to:
 Anthony J. Zelano

Combined Declaration for Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications)				ATTORNEY'S FIRM/KEY NUMBER ELLIS-0001
100	FULL NAME OF INVENTOR	FAMILY NAME BORSI	FIRST GIVEN NAME Laura	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Genova	STATE OR FOREIGN COUNTRY Italy <u>ITX</u>	COUNTRY OF CITIZENSHIP Italy
	POST OFFICE ADDRESS	STREET Laboratory of Cell Biology Istituto Nazionale per la Ricerca sul Cancro Largo Rosanna Benzi 10	CITY Genova	STATE & ZIP CODE/COUNTRY I-16132/ Italy
200	FULL NAME OF INVENTOR	FAMILY NAME CARNEMOLLA	FIRST GIVEN NAME Barbara	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Genova	STATE OR FOREIGN COUNTRY Italy <u>ITX</u>	COUNTRY OF CITIZENSHIP Italy
	POST OFFICE ADDRESS	STREET Laboratory of Cell Biology Istituto Nazionale per la Ricerca sul Cancro Largo Rosanna Benzi 10	CITY Genova	STATE & ZIP CODE/COUNTRY I-16132/ Italy
300	FULL NAME OF INVENTOR	FAMILY NAME BALZA	FIRST GIVEN NAME Enrica	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Genova	STATE OR FOREIGN COUNTRY Italy <u>ITX</u>	COUNTRY OF CITIZENSHIP Italy
	POST OFFICE ADDRESS	STREET Laboratory of Cell Biology Istituto Nazionale per la Ricerca sul Cancro Largo Rosanna Benzi 10	CITY Genova	STATE & ZIP CODE/COUNTRY I-16132/ Italy
400	FULL NAME OF INVENTOR	FAMILY NAME CASTELLANI	FIRST GIVEN NAME Patrizia	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Genova	STATE OR FOREIGN COUNTRY Italy <u>ITX</u>	COUNTRY OF CITIZENSHIP Italy
	POST OFFICE ADDRESS	STREET Laboratory of Cell Biology Istituto Nazionale per la Ricerca sul Cancro Largo Rosanna Benzi 10	CITY Genova	STATE & ZIP CODE/COUNTRY I-16132/ Italy
500	FULL NAME OF INVENTOR	FAMILY NAME ZARDI	FIRST GIVEN NAME Luciano	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Genova	STATE OR FOREIGN COUNTRY Italy <u>ITX</u>	COUNTRY OF CITIZENSHIP Italy
	POST OFFICE ADDRESS	STREET Laboratory of Cell Biology Istituto Nazionale per la Ricerca sul Cancro Largo Rosanna Benzi 10	CITY Genova	STATE & ZIP CODE/COUNTRY I-16132/ Italy
600	FULL NAME OF INVENTOR	FAMILY NAME FRIEBE	FIRST GIVEN NAME Matthias	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Berlin	STATE OR FOREIGN COUNTRY Germany <u>DEX</u>	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	STREET Antonienstr. 31	CITY Berlin	STATE & ZIP CODE/COUNTRY D-13403/Germany
700	FULL NAME OF INVENTOR	FAMILY NAME HILGER	FIRST GIVEN NAME Christoph-Stephan	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Berlin	STATE OR FOREIGN COUNTRY Germany <u>DEX</u>	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	STREET Langenauer Weg 24	CITY Berlin	STATE & ZIP CODE/COUNTRY D-13503/Germany

Combined Declaration for Patent Application and Power of Attorney (Continued)
 (Includes Reference to PCT International Applications)

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208	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
209	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
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210	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
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211	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
212	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	DATE	SIGNATURE OF INVENTOR 207	DATE
<i>[Signature]</i>	22 OCT. '04		
SIGNATURE OF INVENTOR 202	DATE	SIGNATURE OF INVENTOR 208	DATE
<i>[Signature]</i>	22 OCT. '04		
SIGNATURE OF INVENTOR 203	DATE	SIGNATURE OF INVENTOR 209	DATE
<i>[Signature]</i>	22 OCT '04		
SIGNATURE OF INVENTOR 204	DATE	SIGNATURE OF INVENTOR 210	DATE
<i>[Signature]</i>	22 OCT '04		
SIGNATURE OF INVENTOR 205	DATE	SIGNATURE OF INVENTOR 211	DATE
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SIGNATURE OF INVENTOR 206	DATE	SIGNATURE OF INVENTOR 212	DATE

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		<i>Christopher Stephen Dilger</i>	26/10/04
SIGNATURE OF INVENTOR 202	DATE	SIGNATURE OF INVENTOR 208	DATE
SIGNATURE OF INVENTOR 203	DATE	SIGNATURE OF INVENTOR 209	DATE
SIGNATURE OF INVENTOR 204	DATE	SIGNATURE OF INVENTOR 210	DATE
SIGNATURE OF INVENTOR 205	DATE	SIGNATURE OF INVENTOR 211	DATE
SIGNATURE OF INVENTOR 206	DATE	SIGNATURE OF INVENTOR 212	DATE
<i>[Signature]</i>	18/10/04		